

2543

STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

256

State File No. 1257

Registrar's No. 1257

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Maricopa Co. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 25 Days; In Community 21 Yrs.; In Arizona 33 Yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Wickenburg  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Ashel Smith (b) If veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 24 1860  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 2 If less than one day \_\_\_\_\_  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Canada  
(City, town or county) (State or Country)

10. Usual Occupation ?

11. Industry or Business \_\_\_\_\_

12. Name ? ?  
13. Birthplace ? ?  
(City, town or county) (State or Country)

14. Maiden Name ? ?  
15. Birthplace ? ?  
(City, town or county) (State or Country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) Burial, Cremation or Removal Burial  
(b) Place Wickenburg Cem. (c) Date Oct. 30, 1947

18. (a) Embalmer's Signature Howard Coffinger  
(b) Funeral Director Howard Coffinger  
(c) Address Wickenburg Chapel

19. (a) OCT 1 1947  
(b) M. R. R. Deputy  
(Date received Local Registrar) (Registrar's Signature)

40M-100% Rag-1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 26, 19 47.  
TIME (Hour and minute) 1:30 P. M.

21. I hereby certify that I attended the deceased from September 2, 19 47 to September 26, 19 47.  
that I last saw him alive on September 25, 19 47.  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
Failure

Due to Uremia

Due to Prostatic Hypertrophy +  
Trabeculation, abnormally enlarged Bladder

Other conditions \_\_\_\_\_  
(Include pregnancy within three months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Charles E. Hudson M. D.  
Address Phoenix, Arizona Date signed 9-26-47

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically